



Scan to Verify



**PATIENT INFORMATION:**

**Patient, test**  
 DOB: 12/8/2021  
 Gender/Age: M/1 Day  
 SS#: UN:558666433



**SPECIMEN INFORMATION:**

Accession #: **TS21-33497**  
 Procedure Date: **12/8/2021**  
 Date Received: 12/8/2021  
 Reported On: 12/8/2021



**PHYSICIAN INFORMATION:**

**Test 1 Physician, MD**  
 Test Practice  
 300 Columbus Circle Suite A, Edison, NJ 08837  
 866.909.PATH, Fax:908-272-1478

**SPECIMEN SOURCE:** Nasopharyngeal / Nasal swab

**RESPIRATORY PATHOGEN PANEL (RT-PCR)**

**Viruses**

Adenovirus	<input type="checkbox"/>	Not Detected
Coronavirus HKU1	<input type="checkbox"/>	Not Detected
Coronavirus NL63	<input type="checkbox"/>	Not Detected
Coronavirus 229E	<input type="checkbox"/>	Not Detected
Coronavirus OC43	<input type="checkbox"/>	Not Detected
Human Metapneumovirus	<input type="checkbox"/>	Not Detected
Human Rhinovirus/Enterovirus	<input type="checkbox"/>	Not Detected
Influenza A	<input type="checkbox"/>	Not Detected
Influenza A H1	<input type="checkbox"/>	Not Detected
Influenza A H3	<input type="checkbox"/>	Not Detected
Influenza A H1 - 2009	<input type="checkbox"/>	Not Detected
Influenza B	<input type="checkbox"/>	Not Detected
Parainfluenza Virus 1	<input type="checkbox"/>	Not Detected
Parainfluenza Virus 2	<input type="checkbox"/>	Not Detected
Parainfluenza Virus 3	<input type="checkbox"/>	Not Detected
Parainfluenza Virus 4	<input type="checkbox"/>	Not Detected
Respiratory Syncytial Virus	<input type="checkbox"/>	Not Detected
SARS-CoV-2	<input type="checkbox"/>	Not Detected

**Bacteria**

Bordetella parapertussis (IS1001)	<input type="checkbox"/>	Not Detected
Bordetella pertussis( <i>ptxP</i> )	<input type="checkbox"/>	Not Detected
Chlamydia pneumoniae	<input type="checkbox"/>	Not Detected
Mycoplasma pneumoniae	<input type="checkbox"/>	Not Detected

**BILLING CODES:**

CPT: 87798 X 2, 87581

ICD-10: N/A



**DISCLAIMER:**

**RESPIRATORY PATHOGEN PANEL (RT-PCR- FilmArray®):**

RESPIRATORY PATHOGEN PANEL (RT-PCR- FilmArray®) is for use only under Emergency Use Authorization (EUA) in the US laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that meet requirements to perform moderate or high complexity tests by the U.S. Food and Drug Administration (FDA). This is a multiplexed nucleic acid test intended for the simultaneous qualitative detection and differentiation of nucleic acids from multiple viral and bacterial respiratory organisms, including nucleic acid from Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), in nasopharyngeal swabs (NPS) obtained from individuals suspected of COVID-19 by their healthcare provider. SARS-CoV-2 RNA and nucleic acids from the other respiratory viral and bacterial organisms identified by this test are generally detectable in nasopharyngeal swabs (NPS) during the acute phase of infection. The detection and identification of specific viral and bacterial nucleic acids from individuals exhibiting

**Physician:** Test 1 Physician, MD

**Electronically signed out by:** Test Pathologist, MD

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signs and/or symptoms of respiratory infection is indicative of the presence of the identified microorganism and aids in the diagnosis of respiratory infection if used in conjunction with other clinical and epidemiological information. The results of this test should not be used as the sole basis for diagnosis, treatment, or other patient management decisions. Positive results are indicative of the presence of the identified organism, but do not rule out co-infection with other pathogens. Negative results in the setting of a respiratory illness may be due to infection with pathogens not detected by this test, or lower respiratory tract infection that may not be detected by an NPS specimen. False positive influenza results may be obtained in a patient who received FluMist prior to sample collection.

**Influenza A (No subtype detected):**

This result could occur when the titer of the virus in the specimen is low and not detected by the subtyping assays. This result could also indicate the presence of a novel Influenza A strain.

**SARSCoV-2:**

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions and must be combined with clinical observations, patient history, and epidemiological information. Positive results are indicative of the presence of SARS-CoV-2 RNA; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.

